



Send completed forms to  
DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

# Leptospirosis

County \_\_\_\_\_

**LHJ Use ID** \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use ID** \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): \_\_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Joint pain

☐ ☐ ☐ ☐ Fatigue

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Depression

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Leptospira** isolation from clinical specimen

☐ ☐ ☐ ☐ **Leptospira** titer with  $\geq 4$ -fold rise (serum pair,  $\geq 2$  wks apart at same lab)

☐ ☐ ☐ ☐ **Leptospira** immunofluorescence positive

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Diphasic fever**

☐ ☐ ☐ ☐ **Kidney (renal) abnormality or failure**

☐ ☐ ☐ ☐ Hematuria

☐ ☐ ☐ ☐ **Jaundice**

☐ ☐ ☐ ☐ **Conjunctival suffusion**

☐ ☐ ☐ ☐ Elevated CSF protein

☐ ☐ ☐ ☐ Elevated CSF cell count

☐ ☐ ☐ ☐ Myalgia

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash Distribution: \_\_\_\_\_

☐ Generalized ☐ Localized ☐ Macular

☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous

☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ Hematologic disease

☐ ☐ ☐ ☐ Septic shock

☐ ☐ ☐ ☐ Other clinical findings consistent with illness

Specify: \_\_\_\_\_

☐ ☐ ☐ ☐ Admitted to intensive care unit

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period  
Days from onset: -19 -4

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE\* (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations: \_\_\_\_\_  
Date left: \_\_\_\_\_  
Date returned: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Contact with animal carcass  
☐ hide ☐ hair ☐ bone ☐ raw meat  
Date(s) of exposure: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Source of home drinking water known  
☐ Individual well ☐ Shared well  
☐ Public water system ☐ Bottled water  
☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Motorcycle riding in wet conditions
- ☐ ☐ ☐ ☐ Exposure to water runoff, puddles, etc
- ☐ ☐ ☐ ☐ Exposure to flooding conditions
- ☐ ☐ ☐ ☐ Exposure to wet soil, vegetation
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure  
Specify: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Contact with animal excreta (urine)
- ☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Farm or dairy residence or work
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- ☐ ☐ ☐ ☐ Exposure to pets  
Was the pet sick ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere  
Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA  
Other: \_\_\_\_\_  
Date(s) of exposure: \_\_\_\_\_

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: \_\_\_\_\_  
Date antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Related to animal carcass source
- ☐ ☐ ☐ ☐ Contaminated swimming water
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Initiate trace-back investigation
- ☐ Report to Department of Agriculture
- ☐ Patient education regarding risk factors
- ☐ Proper animal carcass disposal education
- ☐ Notify others sharing exposure
- ☐ Biohazard protocol
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_